

City of Cabot Planning ■ 114 South First Street ■ Cabot, AR. 72023 ■ 501-843-4819
HALF STREET IMPROVEMENTS REQUEST FORM
Regarding Development and Subdivision of Land Regulations

Applicant's Name: _____

Applicant's Mailing Address: _____

Telephone: _____ Date: _____

Address of Waiver Site :

Legal Description (attach additional sheet if needed):

The following three items **MUST** be attached to the *Waiver Request Form* before the Commission Members, Councilmen and Mayor will review your request. Please check items that are attached.

- ☐ Vicinity map 8.5"x11"
 - ☐ Site plan of waiver request 8.5"x11", highlighting the waiver area.
 - ☐ Nearest sidewalk location map 8.5"x11"
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Please check all that apply.

- ☐ The variance request will not be detrimental to the public safety, health or welfare.
 - ☐ The variance request is not solely for financial reasons.
 - ☐ The variance is unique to the physical surroundings, shape or topographical conditions of the property.
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